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FOR INSTRUCTIONS, SEE BACK OF FORM		FORM STPA GN ISTATEMENTE B
CHECK ONE: ☐ This is an initial* Statement of Organization	Reset Form	DR-1 OF (Rev. 04/22009 APROPER NIZATION 3
This is an amended* Statement of Organization	Analysis and the second	For Office Use Only
*An initial Statement of Organization must be filed within 10 days of the c	ommittee's accepting contributions,	Comm. #
making expenditures, or incurring indebtedness exceeding \$750. Amend a change. Penalties may be imposed for late-filed Statements of Organiz	ation. A candidate with an open	Indexed
committee that exceeds \$750 in activity for another office shall file within DR-1 disclosing information concerning the campaign for the new office s	10 days either a new or amended	Computer
	<u> </u>	Est.
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.) VES For Our Future		
IMPORTANT: Indicate type of committee you are reporting for: [] [(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee		
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)		
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	latory except for a candidate's committee)
Name + + Bombela	Name Jim Smith	
Marie - Address	Mailing Address ↓ ↓	1
$\frac{371}{371} \underbrace{NE}_{\text{City, State}} \downarrow \downarrow \underbrace{72 \text{Nd}}_{\text{State}} \downarrow \downarrow$	Mailing Address ↓ ↓ 107 N. Pleasant h City, State ↓ ↓ Zip Code ↓ ↓	LII Blod
Pleasant Hill, 14 Just	Pleasant Hill , IA	50327
Phone (515) 243-1595	Phone (515) 263-842	2
e-Mail UTBSteve @ AOL. Com	e-Mail Pongo Smith @ 1	fol.com
INDICATE PURPOSE OF COMMITTEE - Check One Box A		
Comment or description: All Candidates Enter:	County/Local Candidates	dvocate against ballot issue(s) and Local Ballot Committees Enter:
Office Sought:		
Political Party (if applicable)	County: (If active in multiple ballot iss	sue elections, attach list of counties
District:	Date of Election: _5-5	7-09
Year Standing for Election:		
Year Standing for Election: Bank Account Name (must match committee name)	Candidate name & Address or I	Parent Entity (PACs, if applicable),
Bank Account Name (must match committee name)	Candidate name & Address or I	
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Bank Account Name (must match committee name) Name of Financial Institution/type of Account Mailing Address City State State Zip The committee and all persons connected with the committee understand trules in Chapter 351 of the lowa Administrative Code. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disc subjects the candidate or chairperson (in the case of committees other than a	Candidate name & Address or Mailing Address City	Parent Entity (PACs, if applicable). Affiliate, or Sponsor State Zip Determinent State Zip Affiliate Affil
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